

BMO Financial Group U.S. Retiree Medical Program 2026 Full Monthly Medical Premiums

Pre-65 Plan Option	Retiree Only or Spouse Only	Retiree + Spouse	Retiree + Child(ren) or Spouse + Child(ren)	Child(ren) Only	Family
HDHP – BCBSIL	\$1,382.40	\$2,764.80	\$2,073.60	\$691.20	\$3,456.00
HDHP – Kaiser (N. California)	\$1,545.29	\$3,399.85	\$2,735.44	-	\$4,589.36
HDHP – Kaiser (S. California)	\$1,202.22	\$2,645.12	\$2,128.22	-	\$3,570.48
HDHP – Kaiser (Colorado)	\$1,189.78	\$2,498.37	\$2,259.99	-	\$3,568.18
HDHP – Kaiser (Oregon)	\$967.01	\$2,127.65	\$1,885.57	-	\$4,020.11

PPO Plan – BCBSIL	\$1,493.10	\$2,986.20	\$2,240.10	\$747.00	\$3,733.20
DHMO Plan – Kaiser (N. California)	\$1,902.18	\$4,185.01	\$3,367.14	-	\$5,649.33
DHMO Plan – Kaiser (S. California)	\$1,479.79	\$3,255.75	\$2,619.51	-	\$4,394.83
DHMO Plan – Kaiser (Colorado)	\$1,464.43	\$3,075.00	\$2,781.69	-	\$4,391.91
DHMO Plan – Kaiser (Oregon)	\$1,190.15	\$2,618.55	\$2,320.69	-	\$4,948.35

To determine your share of the monthly medical premiums, please refer to the [Retiree Medical Program Eligibility and Cost Appendix](#) or your retiree letter for the percentages that you pay.